

MEDICARE: QUICK REFERENCE GUIDE FOR MEDICAL COVERAGE.

HOSPITAL BEDS

1) Hospital Bed - Fixed Height:



Has: a) manual height adjustment adjustment. B) leg height adjustment
Coverage: a Fixed Height Bed is

covered if 1 or more of the following criteria are met:
If the Patient requires....

- repositioning of the body in ways not feasible with an ordinary bed., **OR**
- repositioning of the body in ways not feasible with an ordinary bed, to help alleviate pain., **OR**
- the head of the bed to be elevated more than 30° most of the time due to congestive heart failure, chronic pulmonary disease, or problems w/aspiration.
- traction equipment, which can only attach to hospital bed.

2) **Hospital Bed - Variable Height:** Has a) manual height adjustment b) manual head adjustment, c) leg elevation adjustments. A VH bed is covered if the patient meets 1 or more of the criteria above & requires bed height different than a fixed height bed to help with transfers to chair, wheelchair or standing position.

3) **Hospital Bed - SEMI Electric:** Has a) manual height adjustment b) electric head & leg elevation adjustments. A Semi Electric bed is covered if the patient meets 1 or more of the criteria for a fixed height bed and required frequent changes in body position and/or has an immediate need for a change in body position.

4) **Hospital Bed - Heavy Duty Extra Wide:** This type of bed is one with a) electric height adjustment; b) electric head & leg elevation adjustments. This bed is covered if the patient meets 1 or more of the criteria for a fixed height hospital bed and the patient's weight is more than 350+lbs, but does not exceed 600lbs.

5) **Hospital Bed - Extra Heavy Duty:** This type of bed is covered if the patient meets 1 or more of the criteria of a fixed height bed & the patient's weight exceeds 600lbs.

6) **Total Electric Hospital Bed:** This type of bed is not covered by Medicare.

SUPPORT SURFACES

Defined as **Group 1:** Overlays; **Group 2:** Pressure Reducing; **Group 3:** Air Fluidized Bed

Group 1: (Overlays) Patient must meet one of the following criteria 1, 2 or 3 below:

- 1) **Completely Immobile:** Patient cannot make changes in body position without assistance., **OR**
- 2) **Limited Mobility:** Patient cannot independently make changes in body position significant enough to alleviate pressure **OR**
- 3) **Pressure Sore Present:** Any pressure ulcer on the trunk or pelvis.



If the patient meets criteria 2 **OR** 3 above, he/she must also have at least one the following:

- Impaired nutritional status
- Altered sensory perception
- Fecal or urinary incontinence
- Compromised circulatory status

Group 2: (Powered pressure-reducing mattresses)

Patient must meet criteria 1 & 2 **OR** criteria 3 **OR** 4 below:



- 1) Multiple stage 2 pressure ulcers located on the trunk or pelvis that have failed to improve over the last month **AND**
- 2) Patient has been on a comprehensive ulcer treatment program for at least the past month, which has include: the use of an appropriate Group 1 support surface; regular assessment; appropriate turning/positioning and wound care; moisture and incontinence management; and nutritional assessment and intervention.

- 3) Large or multiple stage 3 or 4 pressure ulcer(s) on the trunk or pelvis **OR**
- 4) Recent myocutaneous flap or skin graft for a pressure ulcer on the trunk or pelvis (surgery within past 60 days) and patient has been on a Group 2 or 3 support surface immediately prior to discharge from the hospital or nursing facility (discharge within past 30 days)

Group 3: (Air-fluidized bed) Patient must meet ALL of the following:

- 1) Stage 3 (Full-thickness tissue loss) or Stage 4 (Deep tissue destruction) pressure sore.
- 2) Bedridden or chair bound as a result of severely limited mobility.
- 3) In absence of air-fluidized bed, the patient would require institutionalization.
- 4) The air fluidized bed is ordered in writing by the physician. The order was written with comprehensive assessment and evaluation of the patient after conservative treatment has been tried without success. Conservative treatment should generally include frequent repositioning; Group 2 wound management; nutritional; optimization; education of patient and caregiver on the prevention and/or management of pressure ulcers and; assessment by physician, nurse or other licensed health care practitioner at least weekly.



Call us with your
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PATIENT LIFTS

Patient lifts (Hoyer or other types) are covered if ALL of the following are met:

- Transfer between bed and a chair is necessary.
- Transfer to a wheelchair or commode requires assistance of more than one person **AND**
- Without the use of a lift, the patient would be bed-confined.



LIFT CHAIRS

All of the following criteria must be met in order to consider seat-lift chair coverage:

- Patient must be able to ambulate once standing (*cannot be used in conjunction with a wheelchair or a powered operated vehicle/POV.*)
- Has severe arthritis of a hip or knee or severe neuromuscular disease. A specific diagnosis is required on the script.
- Must be a part of the physician's course of treatment and be prescribed to affect treatment or arrest or retard deterioration of the patient's condition.
- Patient must be completely incapable of standing up from any chair in his/her home. The fact that patient has difficulty or is even incapable of getting up from a chair, particularly a low chair, is not sufficient justification for a seat-lift chair. Almost all patients who are capable of ambulating can get out of an ordinary chair if the seat height is appropriate and the chair has arms.
 - Once standing, the patient must have the ability to safely ambulate.



BEDSIDE COMMODES

- **Bedside Commodes:** are only covered if the patient is room-confined or unable to get to toilet facilities. Commodes are not covered if they are placed over the toilet in the bathroom. Medical need must be documented in the patient's record.
- **Heavy Duty Commodes:** Width equal to or greater than 23" and a weight capacity of 300lbs or more.
- **Detachable Arms:** Are covered when used to facilitate transfers or if the patient has a body configuration that requires extra width. This applies to any commode.
- Supplier must have documentation on file detailing why the is room-confined or unable to access the current toilet facilities within their own home.



WHEELCHAIRS

The medical records will need to indicate ALL of the following:

Note: All Bullet Points Need to be Addressed & Added to Face To Face Notes.

- Patient has a mobility limitation that significantly impairs his/her ability to participate in 1 or more mobility related activities of daily living (MRADL's) such as toileting, feeding, dressing, grooming and bathing in customary locations in the home.
- Mobility limitation cannot be sufficiently and safely resolved by the use of appropriately fitted cane or walker. (Obesity alone is not sufficient reason)
- The patient's home provides adequate access between rooms, maneuvering space, and surfaces for use of the manual w/chair that is provided.
- Use of a manual wheelchair will significantly improve the patient's ability to participate in MRADL's & the patient will use it on a regular basis in the home.
- The patient has not expressed an unwillingness to use the manual W/C that is provided in the home.
- The pt. has sufficient upper extremity function & other phys./mental cap. needed to safely propel the manual W/C provided in home during typical day.
- The patient has a caregiver who is available, willing and able to provide assistance with the wheelchair.



Rule Out Cane or Walker and....

STD Hemi Wheelchair: Include all of the above and medical records need to support that patient requires a lower seat height (17"-18") because a)short stature; b) Patient needs to place feet on ground to propel.

Lightweight Wheelchair: Medical records needs to indicate that patient cannot self-propel in a standard wheelchair using arms and/or legs; **AND** can and does propel in a lightweight wheelchair.

High Strength Lightweight Wheelchair: The above & medical records need to support that the patient self-propels the w/c while engaging in frequent activities that can't be performed with the use of a STD or LW W/C and/or patient requires a seat width, depth or height that can't be accommodated in a STD, LW or Hemi W/C and spends at least 2 hrs. per day in the wheelchair.

Ultra Lightweight Wheelchair: Medical records need to support a) Patients routine activities and b) Types of activities patient frequently encounters and c) Info. concerning whether or not patient is fully independent in the use of the WC d) the description of Ultra features needed & compared to a High Strength Light Weight Wheelchair.

Heavy Duty Wheelchair: Medical records need to support that a)the patient weighs more than 250lbs and b) Has severe spasticity.

Extra Heavy Duty Wheelchair: Include all of the above information & medical records need to support that patient weighs more than 300lbs.



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